

**United States District Court
District of North Dakota**

CJA ATTORNEY PAYEE REGISTRATION

Name:

Social Security Number:

Mailing Address:

Telephone Number:

E-mail address:

Indicate below how payments should be reported to the IRS

Under my Social Security Number and name, as indicated above

OR

To the law firm with which I am affiliated. The law firm's taxpayer identification number, name and address are:

Tax Identification
Number of Law Firm:

Law Firm Name:

Law Firm Address:

Attorney Signature

Date